

Foster Family Home - Corrective Action Report

Provider ID: 1-560971

Home Name: Julie Balon, CNA

Review ID: 1-560971-10

94-363A Honowai Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 3/18/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)-

Home inspection completed for a 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 4/18/2021

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(4) Fire shall include testing of smoke detectors

Comment:

(3P)(b)(4) Fire

2 fire extinguishers shown to my by PCG were empty.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d)(1) By order of a physician;

Comment:

47.(d)(1)

Client #2 has no order [REDACTED] Care Plan states [REDACTED]

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(5)

Fire Extinguisher in Client hallway and in kitchen were empty



Compliance Manager



Primary Care Giver

3/18/2021

Date

3/18/2021

Date